RECEIVED FEC MAIL CENTER

2016 FEB 10 PH 12: 22

Committee Name:	
Independent Leadership PA	AC
If registered, FEC ID:	
Today's Date:	1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914
2/1/2016	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

## To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Megan Brown

, Treasurer

## 2016 · 02 · 10 · 08 · 0005012

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVE BAGE 1/4
FEC MAIL CENTER

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FORM 1			/ (	2016 1	ED 10 MILES CE
				<u> </u>	Office Use Only
NAME OF     COMMITTEE (in f	ull)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Independent	Leader	ship PAC		t ( i t t i	
	<u>l. l. i. j. l</u> .		<del>                                     </del>	<u> </u>	
ADDRESS (number and		S Milledge Ave Ste 101			
(Check if ad is changed)	dress		1 1 1 1 1 1 1 1 1 1	1 i 1 i i i	
is changed)	Ath	ens	1	GA     3	0605
	<u>lt</u>	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS				
(Check if ad is changed)	dress mb	rown@pdscompliar		1 ! i ! ! !	
is changed,	Onti	onal Second E-Mail Ad	ldress		
	Imc	goode@pdscompl	iance.com		
COMMITTEE'S WEB F  (Check if ad is changed)			<del>                                     </del>		
2. DATE 02	/ 01 /	2016			
3. FEC IDENTIFICA	ATION NUMBE	R ▶ C			
4. IS THIS STATEME	ENT 🗵 I	NEW (N) OR	AMENDED (A)		
I certify that I have ex	amined this Sta	itement and to the best	t of my knowledge and belief it	t is true, correct a	nd complete.
Type or Print Name of	Treasurer Me	egan Brown			
Signature of Treasurer	Megan Brow	n		Date	, [ <u>0</u> 0 ] , [ <del>0</del> <del>0</del> <del>0</del> <del>0</del> <del>0</del> <del>0</del> 1
NOTE: Submission of fa			may subject the person signing ION SHOULD BE REPORTED V		ne penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

FEC F	orm 1 (Revised 02/2009) Page 2			
TYPE OF	COMMITTEE	_		
Candidat	e Committee:			
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name of Candidate	<u></u>			
Candidate Party Affilia	Office State I President District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate		ل		
Party Co				
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part	y. 		
Political	Action Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	a:		
	Corporation Corporation w/o Capital Stock Labor Organization			
	Membership Organization Trade Association Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.			
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)	y		
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fundraising Representative:				
(g) [	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
Coi	mmittees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number C			
4.	FEC ID number			

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FEC Form 1 (Revise		Page 3
Write or Type Committee Na		
Independent l	_eadership PAC	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
J		
		<u> </u>
	CITY STAT	E ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Juint Fundraising Repres	sentative Leadership PAC Sponsor
	Control of the contro	La construction of the construction
<ol> <li>Custodian of Records: books and records.</li> </ol>	Identify by name, address (phone number optional) and position of the	he person in possession of committee
1 -	n Brown	1
Full Name	,824 S Milledge Ave Ste 101	<u> </u>
Mailing Address		
		, ,30605 , ,
	Athens GA	]
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the commi g., assistant treasurer).	ittee; and the name and address of
Full Name Megan of Treasurer	Brown	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780

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FEC Form	n 1 (Revised 02/2009)	Page 4		
		·		
Full Name of Designated	Michael Goode			
Agent				
Mailing Address	824 S Milledge Ave Ste 101			
	Athens GA 30605	<u> -                                    </u>		
	CITY STATE ZIP	CODE		
Title or Position Assistant Treas		7780		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    Suntrust Bank				
	,PO Box 4418			
Mailing Address				
	Atlanta GA 30305	1-1-1		
	CITY STATE ZIE	CODE		
Name of Bank,	Depository, etc.			
	1	<b></b>		
Mailing Address		, , , , , <u>,                          </u>		
Mailing Address	1	<u> </u>		
	CITY STATE ZIE	CODE		

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**EP14F July 2013** 

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